

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000076524

Entity Name: URBAN TROPICAL, INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8655 PARK BYRD RD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

6209 ROBBINS RD.  
LAKELAND, FL 33810

**New Mailing Address:**

FEI Number: 59-3739234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUILLEN, ERNEST RAY  
6209 ROBBINS RD.  
LAKELAND, FL 33810 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: QUILLEN, ROBERTA SUE  
Address: 6209 ROBBINS RD.  
City-St-Zip: LAKELAND, FL 33810

Title: DVPT  
Name: KELLY, W. JAMES  
Address: P.O.BOX 2178  
City-St-Zip: LAKELAND, FL 338062178

Title: DSEC  
Name: QUILLEN, ERNEST RAY  
Address: 6209 ROBBINS RD  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERNEST R QUILLEN

DSEC

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date